2010 Military Health System Conference

DoD/VA Health Data Sharing – Successes to Date

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Session Objective



- Upon completion of the session, participants will:
 - Have a basic knowledge of the current DoD/VA health data sharing initiatives
 - Gain an understanding of how providers currently access health data through the Departments' electronic health records
 - Discover factors influencing the need to broaden data sharing initiatives to include private sector and other agency providers

Military Health System (MHS)



- Over 9.5 million beneficiaries
- Direct care
 - Over 885 fixed medical and dental facilities
 - 65 hospitals
 - 412 clinics
 - 414 dental clinics
- Purchased care
 - TRICARE: Over 300,000 network providers
 - Civilian providers: Nearly 300,000 accept TRICARE

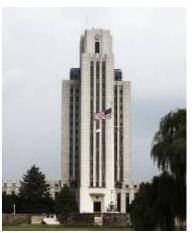




MHS Electronic Health Record (EHR) Footprint (Sustaining Base)



- AHLTA Worldwide
 - Covers every time zone
 - 9.2 million beneficiary records
 - 119 million encounters
 - 140,000 additional encounters/day
 - 77,000 active users
 - The White House medical unit
- MHS inpatient solution
 - 29 sites (62% of DoD inpatient beds)
 - Continued deployment in FY 2010





MHS EHR Footprint (Theater)



- Operation Iraqi Freedom/
 Operation Enduring Freedom
 - 2.6 million encounters captured electronically
 - 7.55 million orders for ancillary services (laboratory, radiology, pharmacy)
 - Iraq, Qatar, Kuwait, Afghanistan
- On board 7 ships





Charles Campbell, CIO





Veterans Health Administration (VHA)



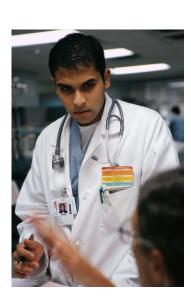
- Over 7.7 million enrollees
 - Increase of over 105 percent since 1995 (2.5 million enrollees)
- Over 5.5 million patients
 - Older, sicker, and poorer patient populations
- Over 1,400 direct care sites
 - 153 medical centers/hospitals
 - 881 clinics (hospital, communitybased, and independent)
 - 209 counseling centers
 - 135 nursing homes



VHA (continued)



- Over 86,000 healthcare providers
 - 15,000 physicians
 - 38,000 nurses
 - 33,000 allied health professionals
 - 10,000 fewer employees than 1995



VHA (continued)



- Affiliations with 107 academic health systems
 - 25,000 affiliated physicians, 35,000 residents and fellows
 - 90,000 trainees in all disciplines
 - Nearly half of all US health professionals (over 65% of physicians) have had some training in a VA facility
- \$1.7 billion in research (rehabilitation, health services, clinical, and basic)



Charles Hume





Motivations for Sharing Data



- First priority Quality care for Service members and Veterans
- Service members post-separation
 - Continuity of care
 - Determination of benefits
- Close proximity or co-located facilities
 - Joint venture sites/local sharing agreements
- Reserve/Guard medical care
 - Care in VA post-demobilization
 - Care in MHS when remobilized







Motivations for Sharing Data (continued)



- Supports MHS key strategies
 - Deliver information to enable better decisions
 - Functional electronic health
 record access to data across
 systems
 - Support care for complex medical/surgical problems





Motivations for Sharing Data (continued)



- Supports VA key strategies
 - Ensure a smooth transition for Veterans from active military service to civilian life
 - Contribute to the public health, emergency management, socioeconomic well-being, and history of the Nation
 - Deliver world-class service to Veterans and their families



Separated Service Members

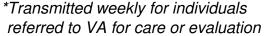


270 million messages (DoD to VA) on 5 million retired or discharged Service members

- Lab results
- Radiology reports
- Outpatient Rx data
- Allergy information
- Discharge summaries
- Consult reports

- Admission/discharge/ transfer information
- Standard ambulatory data record elements
- Demographic data
- Pre-/post-deployment health assessments
- Post-deployment health reassessments*

reassessmen
*Transmitte
referred to



Shared Patients



Supports care for more than 3.5 million patients to date

DoD providers access VA data through AHLTA

VA providers access
DoD data through
VistA or VistA Web

Specialists in VBA access DoD data through CAPRI

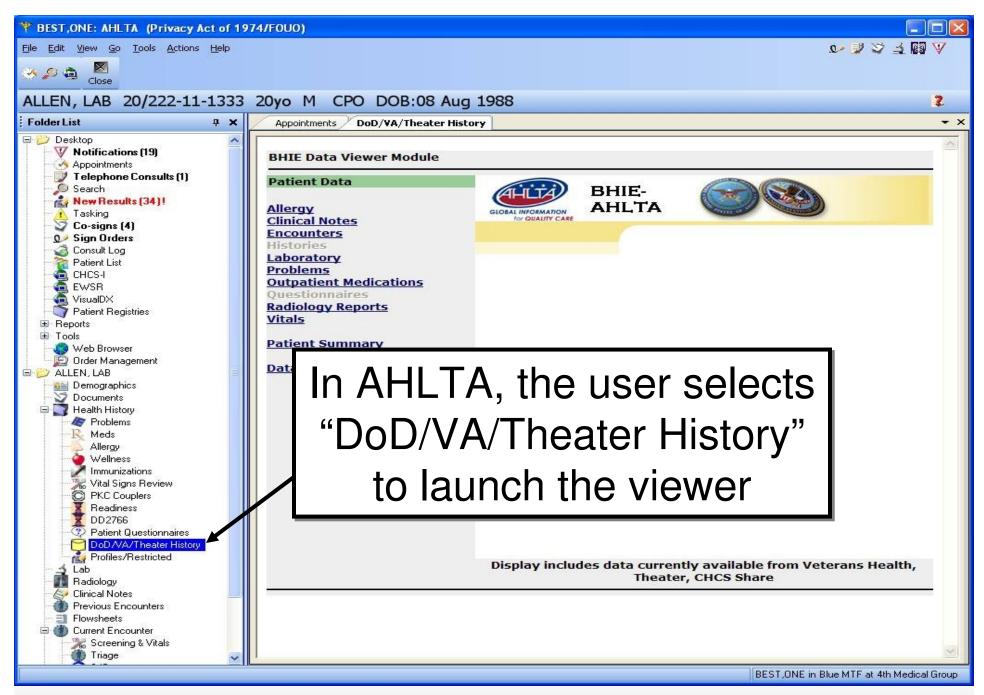
- Allergies
- Outpatient pharmacy
- Demographics
- Inpatient and outpatient lab results
- Radiology reports
- Ambulatory encounter notes
- Procedures
- Problem lists

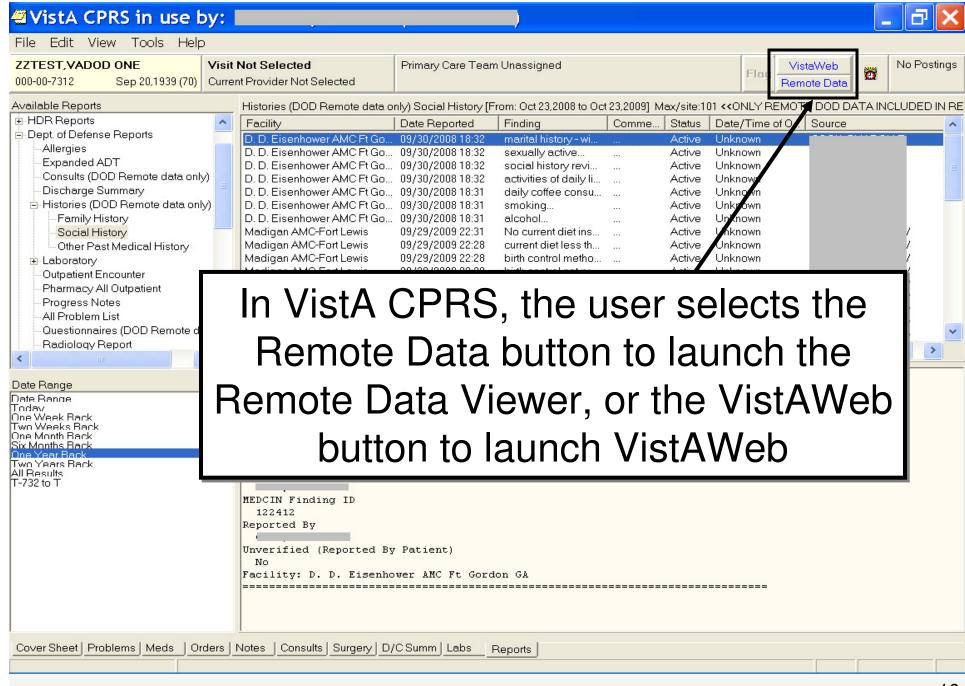
- Inpatient notes (from DoD Essentris sites)
- Theater clinical data
- Vital signs
- Family history, social history, other history
- Questionnaires

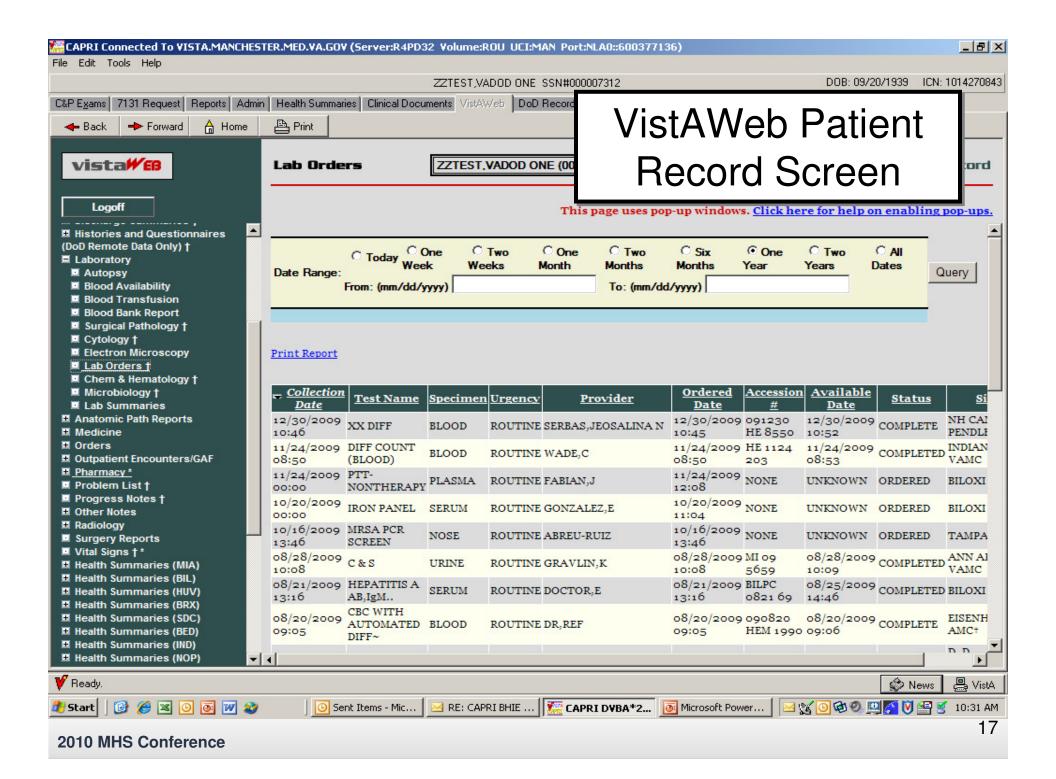


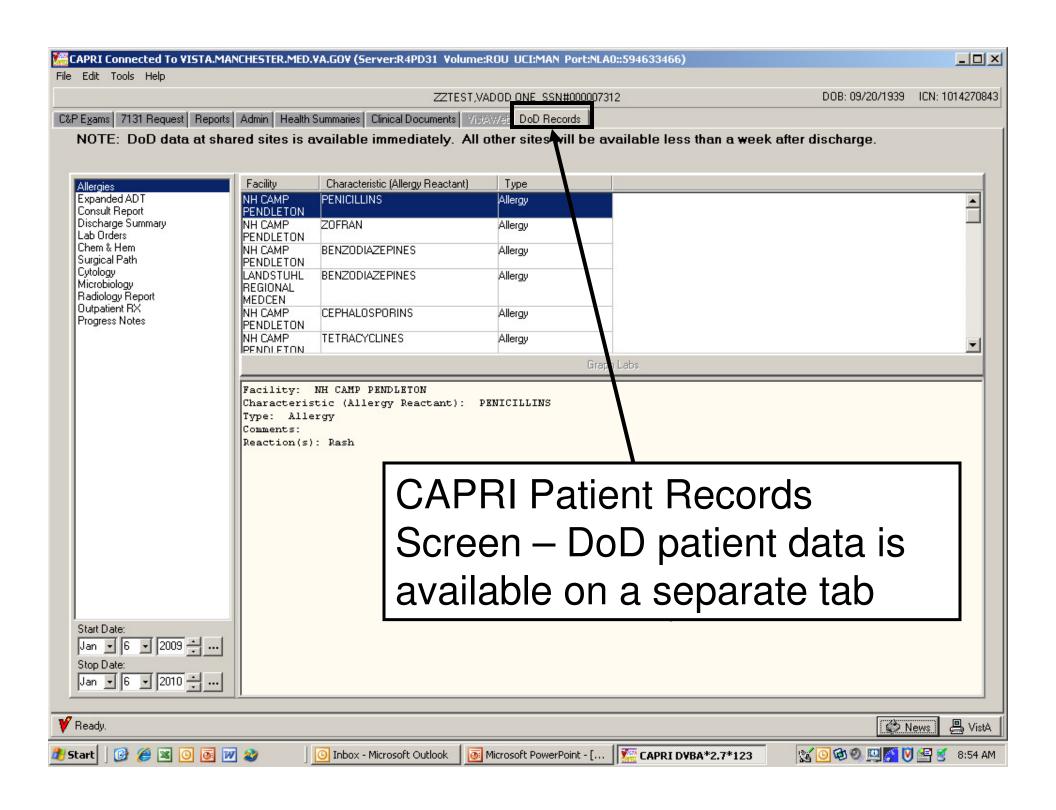












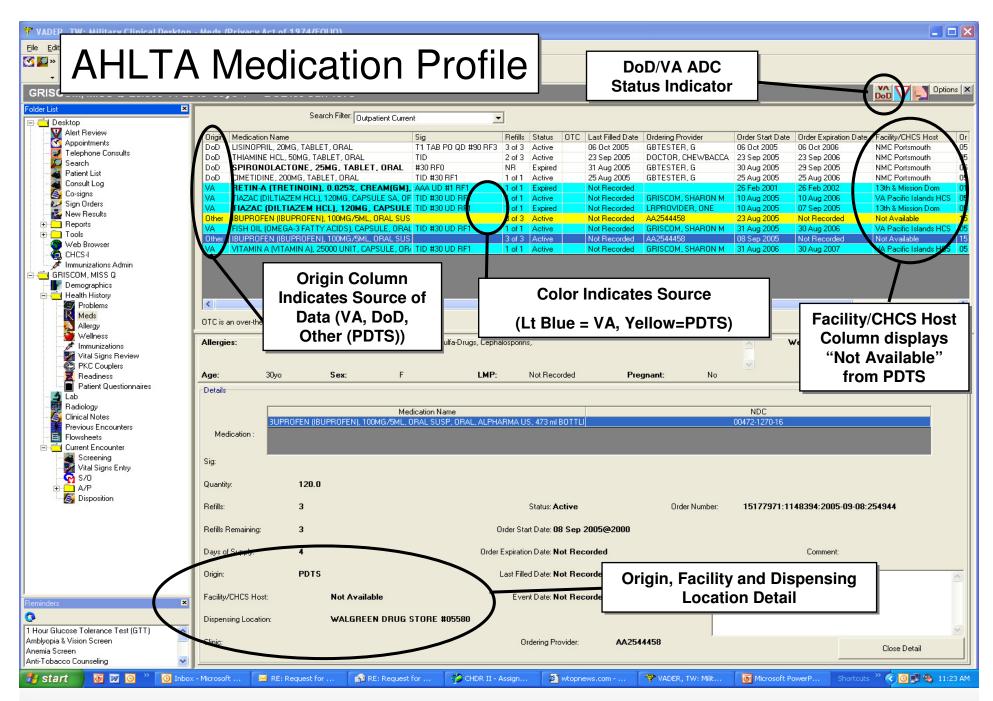
Computable Data

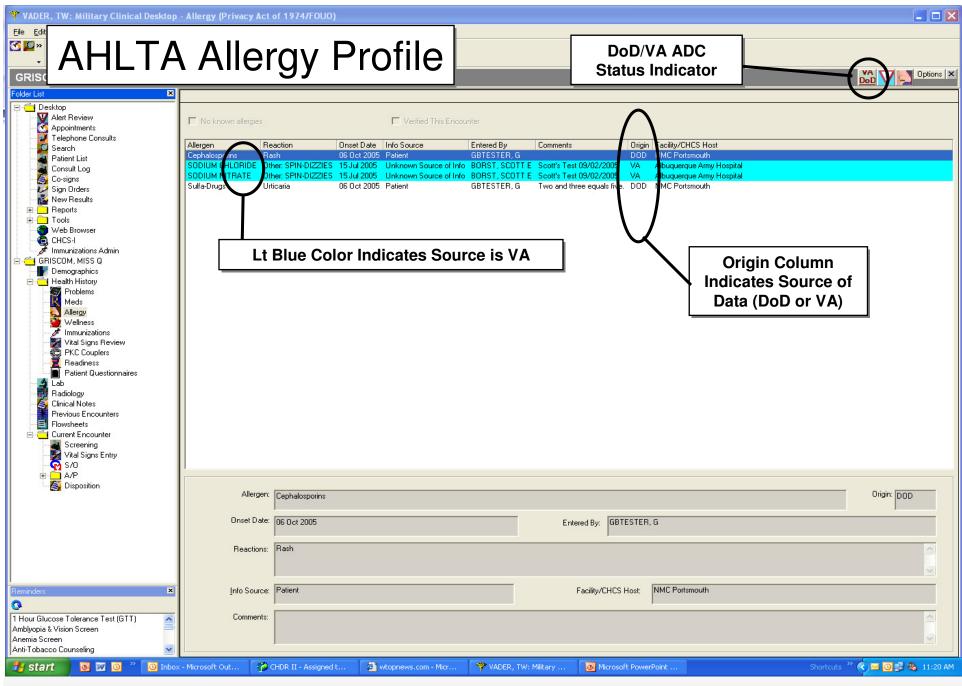


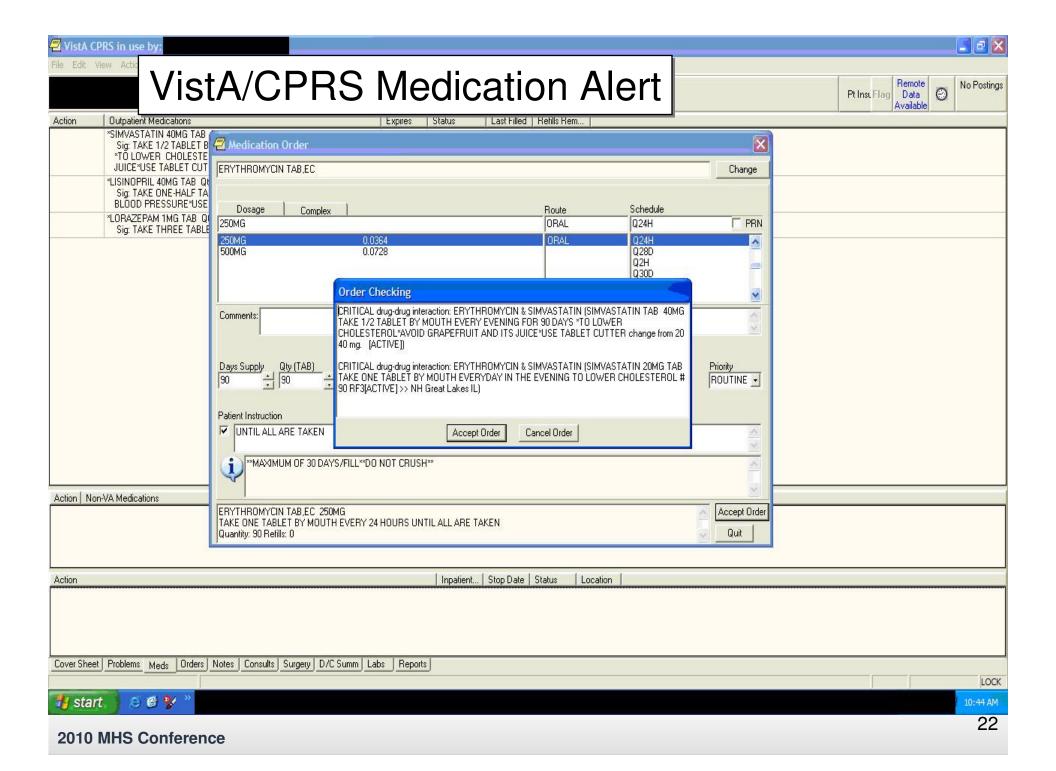
- Supports interoperability between DoD's Clinical Data Repository (CDR) and VA's Health Data Repository (HDR)
- Standardized, computable outpatient pharmacy and medication allergy data
- Computable data supports real time drug-drug and drug-allergy checks using data from both DoD and VA
 - For shared patients set as "active dual consumers," data is seen enterprise-wide











Polytrauma Patients



Digital radiology images and scanned medical records for severely wounded warriors sent from DoD to VA when the decision is made to transfer the patient (inpatient to inpatient)



Data push at time of referral

- Walter Reed Army Medical Center
- National Naval Medical Center
- Brooke Army Medical Center





- From 2007 to present:
- Images for more than 210 patients
- Scanned records for more than 290 patients



- Tampa
 Polytrauma Center
- Palo Alto Polytrauma Center
- Minneapolis
 Polytrauma Center
- Richmond
 Polytrauma Center

Image Sharing - Current Capability



- El Paso imaging demonstration project
 - Radiology images shared between a limited number of DoD and VA facilities and users in a specified geographic region
 - Lessons learned and technology components will be leveraged for enterprise wide image sharing

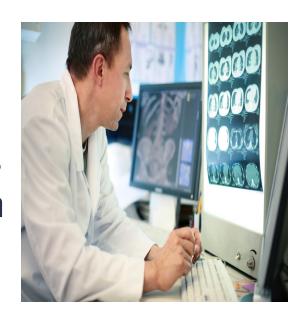


Image Sharing - Future Capability



- DoD Health Artifact and Image Management Solution (HAIMS)
 - Web-based solution
 - Key capabilities: Import, view, manage, edit, register, store



- Successfully demonstrated initial capability to share scanned artifacts with VA, in a test environment, in September 2009
- DoD Limited User Testing began
 December 2009 at the first site

Image Sharing – Future Capability

(continued)



- DoD Health Artifact and Image
 Management Solution (HAIMS) (continued)
 - Global awareness of and global access to artifacts and images, including:
 - Scanned documents
 - Digital radiographs (X-rays, CTs, MRIs, mammography, and sonograms)
 - Clinical photographs (endoscopy, laparoscopy, retinal scans, and anatomic pathology)
 - Video
 - Cardiographic EKGs and echocardiographs





NDAA FY 2008, Section 1635



 Required DoD and VA to "develop and implement electronic health record (EHR) systems or capabilities that allow for full interoperability of personal health care information by September 30, 2009"



- DoD/VA Interagency Clinical Informatics Board identified high-level interoperability objectives
 - Expand DoD Essentris (inpatient documentation system) sites
 - Demonstrate the operation of Partnership Gateways

NDAA FY 2008, Section 1635 (continued)



- Share DoD social history data with VA
- Demonstrate initial capability for DoD to scan medical documents and share with VA
- Share DoD periodic health assessment data with VA
- Share DoD separation physical exam information with VA







What's Next?



- Expand inpatient documentation sharing
 - Continue DoD Essentris deployments in FY 2010
 - Increasing access to DoD inpatient documentation to 90% of total DoD inpatient beds by September 2011
- Complete data migration of data traffic to the new multipurpose gateways in FY 2010







What's Next? (continued)



- Continue to expand the document scanning and image sharing capability
 - DoD HAIMS deployment to additional Limited User Testing sites in the first quarter FY 2010
 - DoD and VA will develop a schedule for completing implementation of this capability
- Improve usability and other enhancements as defined by functional users
- ICIB priorities for FY 2010 and beyond

Why Change?



- DoD and VA currently share significant and unprecedented amounts of health data
- More than half of DoD and VA healthcare comes from private sector providers
- DoD and VA need access to private sector health documentation to create a true lifetime electronic healthcare record

A Week in the MHS



- 21,800 Inpatient Admissions
 - 5,000 direct care
 - 16,800 purchased care
- 1.6 Million Outpatient Visits
 - 737,000 direct care
 - 876,400 purchased care
- 103,000 Dental Visits
 - Direct care only
- 3.5 Million Claims Processed

- 2.48 Million Prescriptions
 - 914,000 direct care
 - 1.37 million retail pharmacies
 - 200,000 mail order
- 2,380 Births
 - 1,010 direct care
 - 1,370 purchased care



Average Monthly Purchased Care in VA



- In FY 2009, VA processed a total of 1,745,503 purchased line items for non-VA medical care with the following monthly averages:
 - 234 unique patients for pharmacy
 - 11,051 unique patients for inpatient admissions
 - 72,659 unique patients for outpatient visits
 - 3,885 unique patients for dental visits
 - 213 unique patients for child birth delivery







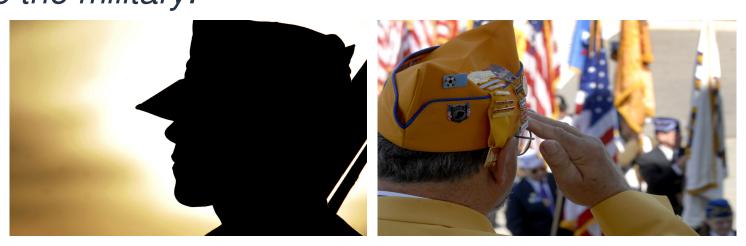




Future State



On April 9, 2009, President Obama directed DoD and VA to create a Virtual Lifetime Electronic Record (VLER) that "will ultimately contain administrative and medical information from the day an individual enters military service throughout their military career and after they leave the military."



Please attend Session #T27 for detail on the VLER Initiative

Transition to Future State



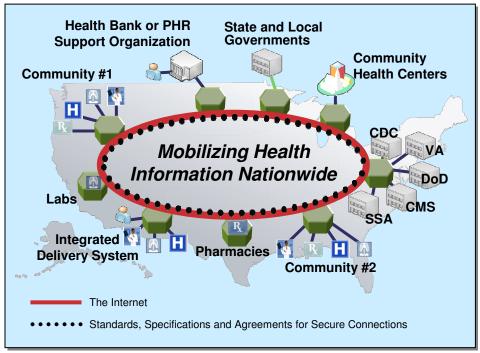
Current DoD-VA Health Information Exchange

Historical data from 1989 forward, live data flow as of 2002, bidirectional data flow as of 2004, including ALL DoD and VA medical facilities as of July 2007



- Health data on more than 4.9 million Service members
- 3.4 million correlated patients
- Computable pharmacy and allergy exchange on more than 42,000 patients
- 75.1 million lab results
- 12.2 million radiology reports
- 77.4 million pharmacy records
- 84.7 million standard ambulatory data records
- · 3.4 million consultation reports
- 2.5 million deployment-related health assessments on more than 1.0 million individuals

Planned (Phase 1) Nationwide Health Information Network



Questions?



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|--|--|
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